CLAIMS ONLY							Application Number		Filing Date

Application Number: (handwritten)
Applicant(s):

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			* May be used for additional claims or amendments					
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1							51						
2							52						
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43							93						
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46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep			2				Total Indep						
Total Depend			2				Total Depend						
Total Claims		4					Total Claims						